Image# 14961614245 PAGE 1 / 42

### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	or other man An Au	monzea commit		C	Office Use Only
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typover the lines.	ng, type	12FE4M5	
American Academy of I	Family Physicians P	olitical Action C	ommittee		
ADDRESS (number and street)	1133 Connecticut Avenue,	NW			
Check if different	Suite 1100				
than previously reported. (ACC)	Washington			DC	20036
2. FEC IDENTIFICATION NU	MBER ▼ CI	TY▲	S	STATE A	ZIP CODE ▲
C C00411553			NEW (N) <b>OR</b>	× (A)	NDED
4. TYPE OF REPORT (Choose One)	Report Due On:		May 20 (M5)	Aug 20	Year Only)
(a) Quarterly Reports:	<b>X</b> Ma	r 20 (M3)	Jun 20 (M6)	Sep 20	(Non-Election Year Only)
April 15		20 (M4)	Jul 20 (M7)	Oct 20	(M10) Jan 31 (YE)
Quarterly Report (Q1 July 15	(c) 12-Day PRE-Election	Primary (12)	P)	General (12	Runoff (12R)
Quarterly Report (Q2 October 15	Report for the:	Convention	(12C)	Special (12	S)
Quarterly Report (Q3	3)	M M /	D D /	Y	in the
January 31 Year-End Report (YE	E) Election	on on			State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day  POST-Election  Report for the:	General (30	G)	Runoff (30F	Special (30S)
Termination Report (TER)	Election	on on	D = D /	Y Y Y Y	in the State of
5. Covering Period 02	01 2014	through	02	28	2014
I certify that I have examined this	s Report and to the best of	f my knowledge and	belief it is true	e, correct and c	complete.
Type or Print Name of Treasurer	Hugh M Taylor MD				
Signature of Treasurer Hugh	M Taylor MD	[Electronical	y Filed] Da	ate 07	14 2014
NOTE: Submission of false, errone	ous, or incomplete information	on may subject the pe	son signing th	is Report to the	penalties of 2 U.S.C. §437g.
Office Use					FEC FORM 3X Rev. 12/2004

### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

#### American Academy of Family Physicians Political Action Committee

Report Covering the Period: From: 02 01 2014 To: 02 28 2014

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2014		408793.60
	(b) Cash on Hand at Beginning of Reporting Period	445086.51	
	(c) Total Receipts (from Line 19)	43121.53	114958.09
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	488208.04	523751.69
7.	Total Disbursements (from Line 31)	68474.57	104018.22
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	419733.47	419733.47
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

×

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

#### For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

### American Academy of Family Physicians Political Action Committee

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(i) Itemized (use Schedule A)	30996.66	77603.32
(ii) Unitemized	, 11387.08	36092.83
(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	42383.74	113696.15
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry		440000 45
Totals to Line 33, page 5)▶	42383.74	113696.15
. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
. All Loans Received	0.00	0.00
Loan Repayments Received	0.00	0.00
. Offsets To Operating Expenditures	7	7
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	737.79	1261.94
. Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees	0.00	0.00
. Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
. Transfers from Non-Federal and Levin Funds	7	5.00
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
(		0.00
(b) Lovin Francis (francis Called Lie 115)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
(b) Total Transiero (ada To(a) and To(b))		0.00
Total Descipto (add Lines 11/4)		
. Total Receipts (add Lines 11(d),	42424.52	114958.09
12, 13, 14, 15, 16, 17, and 18(c))▶	43121.53	114956.09
. Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	43121.53	114958.09

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Operating Expenditures: — (a) Allocated Federal/Non-Federal	rotal fillo i criod	Calendar Tear-to-Date
Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating		
Expenditures	924.57	1468.22
(c) Total Operating Expenditures	924.57	1468.22
(add 21(a)(i), (a)(ii), and (b))▶ ☐	924.57	1400.22
Committees	0.00	0.00
Contributions to Federal Candidates/Committees		
and Other Political Committees	67500.00	102500.00
Independent Expenditures	0.00	0.00
(use Schedule E)		
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
F		
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other		
Than Political Committees	50.00	50.00
(I) P. III . I P. I . O . III	0.00	0.00
(b) Political Party Committees(c) Other Political Committees	0.00	0.00
(such as PACs)	0.00	0.00
(d) Tatal Cantribution Batumda		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	50.00	50.00
(add Eilios 25(a), (5), and (5),	7	
Other Disbursements	0.00	0.00
Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity		
(from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely		
With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	68474.57	104018.22
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	68474.57	104018.22

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	42383.74	113696.15
4. Total Contribution Refunds (from Line 28(d))	50.00	50.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	42333.74	113646.15
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	924.57	1468.22
7. Offsets to Operating Expenditures (from Line 15, page 3)	737.79	1261.94
3. Net Operating Expenditures (subtract Line 37 from Line 36)	186.78	206.28

**1mage# 14961614250** PAGE 6 / 42

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Transaction ID:

Second amended March 20 2014 report - amended to capture changes reported in second amendment to August 20

2013 report

Form/Schedule: Transaction ID:

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or for commercial purposes, other than using the	Statements may not be sold or used by any persone name and address of any political committee to	
NAME OF COMMITTEE (In Full)	N 5 191 5	
/ American Academy of Family I	Physicians Political Action Commit	tee 
Full Name (Last, First, Middle Initial)  Dale Crawford Allison MD		Date of Receipt
Mailing Address 3301 Alexander Ave		02 10 2014
City	State Zip Code	Transaction ID : C2645452
Waco	TX 76708-2301	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	†
Self Employed	Physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	riggrogate real to Date ₹	
Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial)  Michelle Lopez Apiado MD		Date of Receipt
Mailing Address 1275 Winsted Rd Unit 427		02 03 2014
City	State Zip Code	Transaction ID : C2639858
Torrington	CT 06790-2967	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	365.00
Name of Employer	Occupation	]
Family Medicine of CT	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	0.0	
Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial)  Brian L Bachelder MD		Date of Receipt
Mailing Address 5151 TR 126		02 19 2014
City	State Zip Code	Transaction ID : C2647780
Mount Gilead	OH 43338	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	-
Akron General Medical Center	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	207.00	
Other (specify) ▼	365.00	
SURTOTAL of Donointo This Dono (antique)		1095.00
SUBTOTAL of Receipts This Page (optional)		1000.00
TOTAL This Period (last page this line number	r only)	

Use separate schedule(s) for each category of the Detailed Summary Page

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than using t	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family	Physicians Political Action Committ	ree
Full Name (Last, First, Middle Initial)  A. Rebekah Ann Bernard MD		Date of Receipt
Mailing Address 19481 Devonwood Cir		02 19 2014
City	State Zip Code	Transaction ID : C2647774
Fort Myers	FL 33967-4850	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	600.00
Name of Employer	Occupation	
Collier Health	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	600.00	
Full Name (Last, First, Middle Initial)  3. Kenneth Robert Bertka MD		Date of Receipt
Mailing Address 8533 Castle Oaks Pl		02 19 2014
City	State Zip Code	Transaction ID : C2648834
Holland	OH 43528-9231	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Mercy Health Partners	Family Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial)  C. Vicki M Bertka MD		Date of Receipt
Mailing Address 8533 Castle Oaks Pl		02 19 2014 _
City	State Zip Code	Transaction ID : C2715894
Holland	OH 43528-9231	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Hospice of Northwest Ohio	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	riggiogate real to bate ₹	
Other (specify) ▼	500.00	
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TOTAL This Period (last page this line number	er only)	

Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial) Janalynn Fish Beste MD		Date of Receipt
Mailing Address 1212 Vanderhorst PI		02 03 2014
City	State Zip Code	Transaction ID : C2638901
Wilmington	NC 28405-5327	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	
University of North Carolina	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial) Russell S Breish MD		Date of Receipt
Mailing Address 906 Spring Ave		02 08 2014
City	State Zip Code	Transaction ID : C2645491
Fort Washington	PA 19034-1416	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	
Chestnut Hill Hospital	Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  365.00	
Full Name (Last, First, Middle Initial) Jennifer L Brull MD		Date of Receipt
Mailing Address PO Box 147 3000 US HWY 183		02 19 2014
City	State Zip Code	Transaction ID : C2661443
Plainville	KS 67663-0147	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Self-Employed	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	500.00	
OUDTOTAL of Descriptor This Descriptor	nal)	1230.00

Use separate schedule(s) for each category of the Detailed Summary Page

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Anv information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

City Shelton  CT  O6484-6240  State CT  O6484-6240  Amount of Each Receipt this  C  Name of Employer Self Employed Receipt For: Primary Other (specify) ▼  Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial) Frank M Castillo MD  Mailing Address 2750 W North Ave	2014 Period 1.00
Mailing Address 4 Corporate Dr Ste 195  City Shelton  Stering State CT O6484-6240  Transaction ID: C2651621  Amount of Each Receipt this  FEC ID number of contributing federal political committee.  Fell Name (Last, First, Middle Initial) Frank M Castillo MD  Mailing Address 2750 W North Ave  City City City City City City City Cit	Period
Ste 195 City Shelton CT 06484-6240  FEC ID number of contributing federal political committee.  Name of Employer Self Employed Receipt For: Primary Other (specify) ▼  State City State Zip Code Physician Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial) FFANK M Castillo MD Mailing Address 2750 W North Ave  City Chicago IL 60647-5247  FEC ID number of contributing federal political committee.  Name of Employer Erie Family Health Center Receipt For: Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Cupation Family Physician  Aggregate Year-to-Date ▼  Primary Other (specify) ▼  Aggregate Year-to-Date ▼  Primary Other (specify) ▼  Date of Receipt	Period
Shelton CT 06484-6240  FEC ID number of contributing federal political committee.  Name of Employer Self Employed Receipt For:  Primary General Other (specify) ▼ Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial) Frank M Castillo MD Mailing Address 2750 W North Ave  City State Zip Code Chicago IL 60647-5247  FEC ID number of contributing federal political committee.  Name of Employer Erie Family Health Center Receipt For:  Primary General Occupation Family Physician  Aggregate Year-to-Date ▼  Cocupation Family Physician  Receipt For:  Primary General Other (specify) ▼ 250.00  Full Name (Last, First, Middle Initial) Barton A Chase MD  Amount of Each Receipt this  Amount of Each Receipt this  Date of Receipt  Date of Receipt  Date of Receipt  Date of Receipt  Date of Receipt	
FEC ID number of contributing federal political committee.  Name of Employer  Self Employed  Receipt For:  Primary General Other (specify) ▼  City State Zip Code IL 60647-5247  FCID number of contributing federal political committee.  Name of Employer  Fice ID number of contributing federal political committee.  Name of Employer  Fire Family Health Center  Receipt For:  Primary General Occupation  Family Physician  Aggregate Year-to-Date ▼  Cocupation  Family Physician  Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Date of Receipt  Transaction ID: C2648833  Amount of Each Receipt this  Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial)  Barton A Chase MD	
Receipt For:    Primary   General   Coccupation	1.00
Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  Frank M Castillo MD  Mailing Address 2750 W North Ave  City State Zip Code IL 60647-5247  FEC ID number of contributing federal political committee.  Name of Employer Erie Family Health Center Family Physician  Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  Date of Receipt  Transaction ID : C2648833  Amount of Each Receipt this  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Date of Receipt  Date of Receipt  Transaction ID : C2648833  Amount of Each Receipt this  Date of Receipt	
Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  State Zip Code IL 60647-5247  FCID number of contributing federal political committee.  Name of Employer Erie Family Health Center  Receipt For: Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Date of Receipt  Transaction ID : C2648833  Amount of Each Receipt this  C  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  Date of Receipt  Transaction ID : C2648833  Amount of Each Receipt this  C  Primary General Other (specify) ▼  Date of Receipt  Date of Receipt	
Primary Other (specify) ▼ 366.00  Full Name (Last, First, Middle Initial) Frank M Castillo MD  Mailing Address 2750 W North Ave  City State Zip Code Chicago IL 60647-5247  FEC ID number of contributing federal political committee.  Name of Employer Erie Family Health Center  Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial) Barton A Chase MD  Date of Receipt  Transaction ID: C2648833  Amount of Each Receipt this  C  Aggregate Year-to-Date ▼  Date of Receipt  Date of Receipt  Date of Receipt  Date of Receipt  Transaction ID: C2648833  Amount of Each Receipt this  Date of Receipt	
Full Name (Last, First, Middle Initial)  Frank M Castillo MD  Mailing Address 2750 W North Ave  City Chicago IL 60647-5247  FEC ID number of contributing federal political committee.  Name of Employer Erie Family Health Center Receipt For: Primary Occupation Family Physician  Receipt For: Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial) Barton A Chase MD  Date of Receipt  Date of Receipt  Aggregate Zip Code Transaction ID: C2648833  Amount of Each Receipt this  Date of Receipt	
Trank M Castillo MD  Mailing Address 2750 W North Ave  City Chicago IL 60647-5247  City FEC ID number of contributing federal political committee.  Name of Employer Erie Family Health Center Receipt For: Primary Other (specify) ▼  Pull Name (Last, First, Middle Initial) Barton A Chase MD  Date of Receipt  Transaction ID: C2648833  Amount of Each Receipt this  C  Transaction ID: C2648833  Amount of Each Receipt this  250.00  Date of Receipt  Date of Receipt	
City State Zip Code Chicago IL 60647-5247  FEC ID number of contributing federal political committee.  Name of Employer Erie Family Health Center Family Physician  Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Barton A Chase MD	
City State Zip Code Chicago IL 60647-5247  Amount of Each Receipt this  FEC ID number of contributing federal political committee.  Name of Employer Erie Family Health Center  Receipt For: Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial) Barton A Chase MD  Transaction ID : C2648833  Amount of Each Receipt this  C  Aggregate Year-to-Date ▼  Date of Receipt	014
FEC ID number of contributing federal political committee.  Name of Employer Erie Family Health Center  Receipt For: Primary Other (specify)   Full Name (Last, First, Middle Initial) Barton A Chase MD  Account of Each Receipt this  Occupation Family Physician  Aggregate Year-to-Date   250.00  Date of Receipt	
Name of Employer Erie Family Health Center  Receipt For:  Primary Other (specify) ▼  Pull Name (Last, First, Middle Initial) Barton A Chase MD  Occupation Family Physician  Aggregate Year-to-Date ▼  250.00  Date of Receipt	Period
Erie Family Health Center  Receipt For:	250.00
Receipt For:  Primary Other (specify) ▼  Aggregate Year-to-Date ▼  250.00  Full Name (Last, First, Middle Initial) Barton A Chase MD  Date of Receipt	
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Barton A Chase MD  Date of Receipt	
Other (specify)   Full Name (Last, First, Middle Initial) Barton A Chase MD  Date of Receipt	
Barton A Chase MD Date of Receipt	
P.O. Box 99 02 19 2	014
City State Zip Code Transaction ID : C2648993	
Ramer TN 38367-7167 Amount of Each Receipt this	Period
FEC ID number of contributing federal political committee.	2750.00
Name of Employer Occupation	
Ramer Family Health Center Physician/Owner	
Receipt For:  Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼ 2750.00	
SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	3001.00

Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial) Christopher Bice Clemow MD		Date of Receipt
Mailing Address 324 Addis Cir		02 19 2014
City Anderson	State         Zip Code           SC         29626-5702	Transaction ID : C2647789  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer  AN Med Health	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Jonathan Mitchell Cook DO  Mailing Address 632 Chesterfield Rd	•	Date of Receipt
	State 7in Code	02 08 2014
City Bogart	State Zip Code GA 30622-6817	Transaction ID : C2645486  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Clarke-Oconee Famiily Practice	Occupation Physican	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Jonathan Mitchell Cook DO		Date of Receipt
Mailing Address 632 Chesterfield Rd		02 19 2014
City  Bogart	State Zip Code GA 30622-6817	Transaction ID : C2648832  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Clarke-Oconee Family Practice Receipt For:	Physican  Aggregate Vegr-to-Date	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
	1	

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NAME OF COMMITTEE (In Full)

NAME OF COMMITTEE (In Full)  American Academy of Family F	Physicians Political Action Committe	ee
Full Name (Last, First, Middle Initial)  A. Steven A Crawford MD		Date of Receipt
Mailing Address 900 NE 10th St		02 23 2014
City Oklahoma City	State Zip Code OK 73104-5420	Transaction ID : C2649872  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	416.66
Name of Employer  University of Oklahoma  Receipt For:  Primary General  Other (specify) ▼	Occupation Physician Faculty  Aggregate Year-to-Date ▼  833.32	
Full Name (Last, First, Middle Initial)  Patricia A Czapp MD  Mailing Address 102 Melvin Ave  City	State Zip Code	Date of Receipt  02 19 2014  Transaction ID: C2648897
Annapolis	MD 21401-1221	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	365.00
Name of Employer Self Employed	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial)  C. Keith E Davis MD		Date of Receipt
Mailing Address PO Box 563		02 20 2014
City Shoshone	State         Zip Code           ID         83352-0563	Transaction ID : C2649672  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self	Occupation Physician Owner/CEO/Med Dir	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	1281.66

TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the Detailed Summary Page

FOF	LINE	NU	MBER	:	PAGE	. 1	13	OF	42	
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Full Name (Last, First, Middle Initial) Thomas M Dean MD		Date of Receipt
Mailing Address PO Box 335  409 W. 10th Street City	State Zip Code	02 19 2014 Transaction ID : C2647782
Wessington Springs	SD 57382-0335	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer	Occupation	
Horizon Health Care	Physician	
Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Josephine Y Dinkha MBHB		Date of Receipt
Mailing Address 1851 Beechnut Rd		M = M / D = D / Y = Y = Y
City	State Zip Code	02 19 2014 Transaction ID : C2648909
Northbrook	IL 60062-1201	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer Information Requested	Occupation	
Receipt For:	Information Requested	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)	'	B (B
Heidi Miller Duncan MD		Date of Receipt
Mailing Address 2711 Gregory Dr N		02 10 _2014 _
City	State Zip Code	Transaction ID : C2645457
Billings	MT 59102-0507	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Billings Clinic	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	500.00	

FOR LINE	NUMBER	: PAGE	= 14 OF	42
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13	14	15	16	17

NAME OF COMMITTEE (In Full)  American Academy of Famil	y Physicians Political Action Comm	ittee
Full Name (Last, First, Middle Initial)  Robert Eidus MD		Date of Receipt
Mailing Address 123 N Union Ave		02 26 2014
City	State Zip Code	Transaction ID : C2650508
Cranford	NJ 07016-2173	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	
Self Employed	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial) Tricia C Elliott MD		Date of Receipt
Mailing Address 2214 Hazard St		02 19 _2014
City	State Zip Code	Transaction ID : C2648836
Houston	TX 77019-6514	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	[C]	365.00
Name of Employer	Occupation	
Kelsey-Seybold Clinic	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial) Sarah Jane Fessler MD		Date of Possint
Mailing Address 44 Riverside Dr		Date of Receipt
44 RIVEISIDE DI		02 10 _2014 _
City	State Zip Code	Transaction ID : C2645677
Riverside	RI 02915-4717	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	370.00
Name of Employer	Occupation	
Self Employed	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	270.00	
Other (specify) ▼	370.00	
SUBTOTAL of Receipts This Page (optional	al)	1100.00
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42

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Wanda D Filer MD Date of Receipt Mailing Address 510 Aqua Ct 2014 28 City Zip Code State Transaction ID: C2651562 PΑ York 17403-3623 Amount of Each Receipt this Period FEC ID number of contributing 350.00 federal political committee. Name of Employer Occupation Strategic Health Institute Family Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 700.00 Other (specify) Full Name (Last, First, Middle Initial) B. Aaron M Garman MD Date of Receipt Mailing Address 1312 Highway 49 02 2014 10 City State Zip Code Transaction ID: C2645567 ND Beulah 58523-9148 Amount of Each Receipt this Period FEC ID number of contributing 365.00 federal political committee. Name of Employer Occupation Coal country health.com physician Receipt For: Aggregate Year-to-Date ▼ Primary General 365.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dennis Lynn Gingrich MD Date of Receipt Mailing Address HMC, FAMILY MEDICINE, H154 2014 02 26 500 University Dr City State Zip Code Transaction ID: C2650515 PΑ Hershey 17033-2360 Amount of Each Receipt this Period FEC ID number of contributing 365.00 С federal political committee. Name of Employer Occupation Self Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 365.00 Other (specify)

1080.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

FOF	R LINE	NU	MBER	:	PAGE	1	16	OF	42
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X	11a		11b		11c		12		
	13		14		15		16	;	17

NAME OF COMMITTEE (In Full) American Academy of Family Phy	ysicians Political Action Committe	<del>20</del>
Community Physician Group  Receipt For:  Primary General  Other (specify)	E 102 State Zip Code MT 59804-7424  C  Occupation Physician  Aggregate Year-to-Date ▼  365.00	Date of Receipt  02 12 2014  Transaction ID: C2645868  Amount of Each Receipt this Period  365.00
Information Requested	State Zip Code CA 93701-2302  C  Occupation Information Requested  Aggregate Year-to-Date ▼  250.00	Date of Receipt  02 24 2014  Transaction ID : C2649925  Amount of Each Receipt this Period  250.00
Family Health Center	State Zip Code NJ 07042-4137  C  Occupation Physician  Aggregate Year-to-Date ▼  365.00	Date of Receipt    M
SUBTOTAL of Receipts This Page (optional)		980.00

## SCHEDULE A (FEC Form 3X)

	EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	Check only one)
Ar or	ny information copied from such Reports and St for commercial purposes, other than using the	atements mand a	ay not be sold or used by any p ddress of any political committed	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Family Ph	nysicians	Political Action Comn	nittee
Α.	Full Name (Last, First, Middle Initial) David J Hagan MD Mailing Address 410 Meadow Rue Dr			Date of Receipt
	City Gibson City	State IL	Zip Code 60936-1914	Transaction ID : C2646676  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer	Occupation		
	Gibson City	Family Phys	sician	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
В.	Full Name (Last, First, Middle Initial) Daniel J Heinemann MD			Date of Receipt
	Mailing Address 1305 W 18th St			02 06 2014
	City	State	Zip Code	Transaction ID : C2641926
	Sioux Falls	SD	57105-0401	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		200.00
	Name of Employer Sioux Valley Health Systems	Occupation Physician		
	Receipt For:	Aggregate	Vear-to-Date ▼	

Receipt For: Primary Other (specify)	Physician  Aggregate Year-to-Date ▼  400.00	
Full Name (Last, First, Middle Initial)  C. Thomas Lynn Hicks MD  Mailing Address 3258 N Monroe St		Date of Receipt  02 28 2014
City	State Zip Code	Transaction ID : C2651611
Tallahassee	FL 32303-2822	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Patients First	Medical Doctor	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....

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1200.00

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NAME OF COMMITTEE (In Full)		
	y Physicians Political Action Commit	ttee
Full Name (Last, First, Middle Initial)  A. Benjamin Tate Hinkle		Date of Receipt
Mailing Address 1002 Hampton Fall Blvd Apt 1528		02 08 2014
City	State Zip Code	Transaction ID : C2645487
Brownsboro	AL 35741-8035	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	1
UAB School of Medicine	Student	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	00 0	
Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial)  3. David J Hoelting MD		Date of Receipt
Mailing Address 813 Lloyd St		02 19 _ 2014 _
City	State Zip Code	Transaction ID : C2648835
Pender	NE 68047-5021	Amount of Each Receipt this Period
FEC ID number of contributing		T
federal political committee.	C	500.00
Name of Employer	Occupation	1
Pender Medical Clinic	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)  C. Marc D Irwin MD		Date of Receipt
Mailing Address 911 23Rd St		02 19 2014
City	State Zip Code	Transaction ID : C2647797
Canyon	TX 79015-4645	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	-
Information Requested	Information Requested	]
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	050.00	
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optiona	1)	1115.00
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or for commercial purposes, other than using the	he name and address of any political committee t	
NAME OF COMMITTEE (In Full) American Academy of Family	Physicians Political Action Commit	itee
Full Name (Last, First, Middle Initial) Rebecca Jaffe Md Mph Jaffe MD Mailing Address 3105 Limestone Rd Ste 300 City Wilmington FEC ID number of contributing federal political committee.  Name of Employer Rebecca Jaffe and Asso, PA Receipt For: Primary General Other (specify)	State Zip Code DE 19808-2156  C  Occupation Physician  Aggregate Year-to-Date ▼	Date of Receipt  02 19 2014  Transaction ID: C2648903  Amount of Each Receipt this Period  1000.00
Full Name (Last, First, Middle Initial)  Leslie Leslie Knight MD  Mailing Address 3024 Alamo Cir		Date of Receipt
City Holloman Afb  FEC ID number of contributing federal political committee.  Name of Employer US Air Force	State Zip Code NM 88330-7873  C Occupation Physician	O2 08 2014  Transaction ID : C2645489  Amount of Each Receipt this Period  365.00
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  365.00	
Full Name (Last, First, Middle Initial) Stanley M Kozakowski MD  Mailing Address 13213 Reeder St  City Overland Park  FEC ID number of contributing federal political committee.  Name of Employer American Academy of Family Physicians Receipt For:  Primary General Other (specify)	State Zip Code KS 66213-3657  C  Occupation Medical Education Administration  Aggregate Year-to-Date ▼  735.00	Date of Receipt  02
SUBTOTAL of Receipts This Page (optional)		1730.00
TOTAL This Period (last page this line numbe	er only)	

FOR LINE NUMBER: PAGE 20 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

42

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Kaparaboyna Ashok Kumar MD Date of Receipt Mailing Address 18718 Needle Rock 2014 City State Zip Code Transaction ID: C2648890 78258-4638 San Antonio TX Amount of Each Receipt this Period FEC ID number of contributing 365.00 federal political committee. Name of Employer Occupation Self Employed Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 365.00 Other (specify) Full Name (Last, First, Middle Initial) B. Michael Dennis Lano MD Date of Receipt Mailing Address 4695 Shoreline Drive 02 2014 24 City State Zip Code Transaction ID: C2649917 MN Spring Park 55317-9502 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Ridgeview Clinics Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Robert A Lee MD Date of Receipt Mailing Address 9116 Hammontree Dr 2014 02 27 City State Zip Code Transaction ID: C2651133 IA Urbandale 50322-7427 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Lee and Ruisch Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1115.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) American Academy of Family F	Physicians Political Action Commit	tee
Full Name (Last, First, Middle Initial)  A. Gary L LeRoy MD		Date of Receipt
Mailing Address 761 Kenilworth Ave		02 19 _ 2014 _
City Dayton	State Zip Code OH 45405-4051	Transaction ID : C2648873  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer  Self Employed  Receipt For:  □ Primary □ General  Other (specify) ▼	Occupation Physician  Aggregate Year-to-Date ▼  400.00	
Full Name (Last, First, Middle Initial)  Geoffrey L Loman MD  Mailing Address 168 N Brent St Ste 502		Date of Receipt
City Ventura	State Zip Code CA 93003-2840	Transaction ID : C2647772  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	300.00
Name of Employer Brent Street Family Practice	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial)  Teresa Grossman Lovins MD		Date of Receipt
Mailing Address 4365 N Riverside Dr		02 26 2014
City Columbus	State Zip Code IN 47203-1124	Transaction ID : C2650514  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	365.00
Name of Employer	Occupation	_
Self Employed Receipt For:	Physician	_
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼  365.00	
SUBTOTAL of Receipts This Page (optional)		865.00
TOTAL This Period (last page this line number	<u>_</u>	

FOR LINE	NUMBER:	PAGE	22 OF	42
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13	14	15	16	17

or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	the name and address of any political committee	to solicit contributions from such committee.
, ,	Physicians Political Action Commission  State Zip Code NC 27320-8070  C  Occupation Physician  Aggregate Year-to-Date ▼	Date of Receipt  02 19 2014  Transaction ID: C2648906  Amount of Each Receipt this Period  250.00
Other (specify) ▼  Full Name (Last, First, Middle Initial)  Andrew Lutzkanin III  Mailing Address 1835 Blacklatch Ln	250.00	Date of Receipt
City Middletown  FEC ID number of contributing federal political committee.  Name of Employer Reading Hosp Reading HIth Sys  Receipt For:  Primary  General	State Zip Code PA 17057-2984  C  Occupation Physician  Aggregate Year-to-Date ▼	02 11 2014  Transaction ID : C2645906  Amount of Each Receipt this Period  365.00
Other (specify)  Full Name (Last, First, Middle Initial) Terry Lee Mills MD Mailing Address 720 Medical Center Dr  City Newton	State Zip Code KS 67114-8778	Date of Receipt  02 08 2014  Transaction ID : C2645492  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer  Via Christi Clinic  Receipt For:  □ Primary □ General □ Other (specify) ▼	Occupation Physician  Aggregate Year-to-Date ▼	500.00
SUBTOTAL of Receipts This Page (optional)	)	1115.00
TOTAL This Period (last page this line numb	ner only)	

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Full Name (Last, First, Middle Initial)  Vasanthan G Naidu  Mailing Address 700 South Gregory Street	et	Date of Receipt
Suite A		02 03 2014
City	State Zip Code IL 61801-3622	Transaction ID : C2639856
Urbana	IL 61801-3622	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	365.00
Name of Employer	Occupation	
Information Requested	Information Requested	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial) Sarah Catherine Nosal MD	'	Date of Receipt
Mailing Address 40 E 9th St		M = M / D = D / Y = Y = Y
City	State Zip Code	02 08 2014 Transaction ID - 62645466
New York	NY 10003-6421	Transaction ID : C2645466  Amount of Each Receipt this Period
FEC ID number of contributing		Amount of Lacif Neceipt this Period
federal political committee.	C	365.00
Name of Employer	Occupation	
Institute for Family Health	Physician	
Receipt For:    Primary   General	Aggregate Year-to-Date ▼	
Other (specify)	365.00	
Full Name (Last, First, Middle Initial)  David T O'Gurek MD	<u>'</u>	Date of Receipt
Mailing Address 440 W Iron St		02 19 2014
City Summit Hill	State Zip Code PA 18250-1014	Transaction ID : C2648899  Amount of Each Receipt this Period
FEC ID number of contributing	C	500.00
federal political committee.		
Name of Employer	Occupation	
Self Employed	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	500.00	

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						PAGE	2	24	OF	42	
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**Detailed Summary Page** Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Daniel J Ostergaard MD Date of Receipt Mailing Address 14547 S Hagan St 24 2014 City State Zip Code Transaction ID: C2649918 KS Olathe 66062-9001 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Self Employed Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Francis L Pisney MD Date of Receipt Mailing Address 322 1/2 College Ave 02 2014 03 City State Zip Code Transaction ID: C2639854 IΑ Iowa Falls 50126-2106 Amount of Each Receipt this Period FEC ID number of contributing 365.00 federal political committee. Name of Employer Occupation Ellsworth Hospital Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 365.00 Other (specify) Full Name (Last, First, Middle Initial) c. Daniel H Reiffenberger MD Date of Receipt Mailing Address 4100 Golf Course Rd 2014 02 10 City Zip Code State Transaction ID: C2645679 SD Watertown 57201-5416 Amount of Each Receipt this Period FEC ID number of contributing 365.00 С federal political committee. Name of Employer Occupation

365.00

Physician

Aggregate Year-to-Date ▼

Self Employed Receipt For:

Primary

Other (specify)

General

FOR LINE NUMBER: PAGE 25 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

42

Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Lonnie S Robinson MD Date of Receipt Mailing Address 4683 Old Military Rd 2014 26 City Zip Code State Transaction ID: C2650512 AR Mountain Home 72653-4871 Amount of Each Receipt this Period FEC ID number of contributing 365.00 federal political committee. Name of Employer Occupation Self Employed Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 365.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dennis F Salisbury MD Date of Receipt Mailing Address 805 W Diamond St 02 10 2014 City State Zip Code Transaction ID: C2645669 MT Butte 59701-1526 Amount of Each Receipt this Period FEC ID number of contributing 2500.00 federal political committee. Name of Employer Occupation Sisters of Charity of Leavenworth Heal physician and Chief Physician Executiv Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Madalyn Schaefgen MD Date of Receipt Mailing Address 1025 Newgate Dr 2014 02 19 City Zip Code State Transaction ID: C2648894 PΑ Allentown 18103-9263 Amount of Each Receipt this Period FEC ID number of contributing 365.00 С federal political committee. Name of Employer Occupation Self Employed Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 365.00 Other (specify) 3230.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE	NOMBER:	PAGE	26 OF	42
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13	14	15	16	17

Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may not be sold or used by any person the name and address of any political committee to	son for the purpose of soliciting contributions so solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family	y Physicians Political Action Commit	ttee
Full Name (Last, First, Middle Initial)  Dean A Schultz MD  Mailing Address 1850 Hickory St		Date of Receipt
		02 19 2014
City	State Zip Code	Transaction ID : C2647771
Abilene	TX 79601-2325	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer	Occupation	1
Self Employed	Physician	]
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial)  Patricia Ann Sereno MD		Date of Receipt
Mailing Address 10 Morgan Ave		02 26 2014
City	State Zip Code MA 02180-3417	Transaction ID : C2650511
Stoneham	MA 02180-3417	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	1
Self Employed	Physician	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial)  Michael Sevilla MD		Date of Receipt
Mailing Address 2370 Southeast Blvd		02 19 2014
City	State Zip Code	Transaction ID : C2661449
Salem	OH 44460-3418	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	†
Family Practice Center of Salem	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	365.00	
SUBTOTAL of Receipts This Page (optional	)	1030.00
TOTAL This Period (last page this line num)	ber only)	

FOR LINE NUMBER: PAGE 27 OF Use separate schedule(s) (check only one) X 11a 11b 11c

42

for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Dana Lee Sisk MD Date of Receipt Mailing Address 821 N Main St 2014 City Zip Code State Transaction ID: C2647767 TX Bonham 75418-3723 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Self Employed Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Daniel R Spogen MD Date of Receipt Mailing Address Brigham Building MS 316 02 03 2014 City State Zip Code Transaction ID: C2639876 NV Reno 89557-0046 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation University of Nevada Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Robert L Wergin MD Date of Receipt Mailing Address 10500 W A St 2014 02 19 City Zip Code State Transaction ID: C2648839 NF Lincoln 68532-9183 Amount of Each Receipt this Period FEC ID number of contributing 11.00 С federal political committee. Name of Employer Occupation Self Employed Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1034.00 Other (specify) 1261.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 28 OF 42 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Robert L Wergin MD Date of Receipt Mailing Address 10500 W A St 2014 City Zip Code State Transaction ID: C2648887 ΝE Lincoln 68532-9183 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Self Employed Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1034.00 Other (specify) Full Name (Last, First, Middle Initial) B. Robert L Wergin MD Date of Receipt Mailing Address 10500 W A St 02 2014 28 City State Zip Code Transaction ID: C2651627 NE Lincoln 68532-9183 Amount of Each Receipt this Period FEC ID number of contributing 23.00 federal political committee. Name of Employer Occupation Self Employed Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1034.00 Other (specify) Full Name (Last, First, Middle Initial) c. Shawn Harper Dic West MD Date of Receipt Mailing Address 7315 212th St SW 2014 02 26 Ste 101 City Zip Code State Transaction ID: C2650507 WA Edmonds 98026-7610 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Self Employed Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify)

1523.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

FOF	LINE	NU	MBER	:	PAGE	2	29 OI	=	42
(che	ck only	or	ne)						
X	11a		11b		11c		12		
	13		14		15		16		17

American Academy of Family	Physicians Political Action Commit	ttee			
Full Name (Last, First, Middle Initial) Richard Andre Wherry MD  Mailing Address 59 Tipton Dr		Date of Receipt			
		02 05 2014			
City	State Zip Code	Transaction ID : C2640682			
Dahlonega	GA 30533-1603	_ Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С	250.00			
Name of Employer	Occupation				
Chestatee Regional Hospital	Family Physician				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General  Other (specify) ▼	500.00				
Full Name (Last, First, Middle Initial) Brent Brent Wright MD		Date of Receipt			
Mailing Address 104 Northwood Dr		M = M / D = D / Y = Y = Y			
City	State Zip Code	02 24 2014			
Glasgow	KY 42141-8078	Transaction ID : C2649916  Amount of Each Receipt this Period			
FEC ID number of contributing	.2 68.6	Amount of Lacif neceipt this Period			
federal political committee.	C	370.00			
Name of Employer	Occupation	7			
Self Employed	Physician	_			
Receipt For:  Primary  General	Aggregate Year-to-Date ▼				
Other (specify)	370.00				
Full Name (Last, First, Middle Initial) Kim K Yu MD		Date of Receipt			
Mailing Address 26030 Island Lake Dr		02 19 2014			
City	State Zip Code	Transaction ID : C2661451			
Novi	MI 48374-2161	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С	365.00			
	Occupation	+			
Name of Employer	1				
Name of Employer Self Employed	Physician				
Self Employed Receipt For:	Physician  Aggregate Year-to-Date ▼				
Self Employed					
Self Employed Receipt For: Primary General	Aggregate Year-to-Date ▼  365.00	985.00			

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 OF 42 (check only one)  11a 11b 11c 12 13 14 X 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using t			erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Academy of Family	Physicians	s Political Action Comm	nittee
Full Name (Last, First, Middle Initial)  A. American Academy of Family Physic  Mailing Address 11400 Tomahawk Creek Pk  City  Leawood  FEC ID number of contributing federal political committee.  Name of Employer		Zip Code 66211-2672	Date of Receipt  02 12 2014  Transaction ID : C2645875  Amount of Each Receipt this Period  709.89
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1261.94	
Full Name (Last, First, Middle Initial)  American Academy of Family Physical Mailing Address 11400 Tomahawk Creek Pk  City  Leawood  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For:  Primary  General  Other (specify)	State KS  C Occupation	Zip Code 66211-2672 Year-to-Date ▼ 1261.94	Date of Receipt  02 18 2014  Transaction ID : C2647390  Amount of Each Receipt this Period  27.90
Full Name (Last, First, Middle Initial)  Mailing Address  City  FEC ID number of contributing federal political committee.  Name of Employer	State C Occupation	Zip Code	Date of Receipt  M M / D D / Y Y Y Y Y Y  Amount of Each Receipt this Period
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)			737.79

TOTAL This Period (last page this line number only).....

737.79

SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER:	PAGE 31 OF 42					
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)						
	Detailed Summary Page	X 21b	22 23	24 25 26					
		27	28a 28b	28c 29 30b					
Any information copied from such Reports and Stater or for commercial purposes, other than using the name									
NAME OF COMMITTEE (In Full)		_							
American Academy of Family Phys	sicians Political Action	on Committ	ee						
Full Name (Last, First, Middle Initial)									
A. American Express			Date of Disbursement  02 03 2014						
Mailing Address PO Box 53852									
,	State Zip Code		Transaction ID : D	153656					
Phoenix Purpose of Disbursement	AZ 85072-3852								
Bank card processing fee			Amount of Each Dis	bursement this Period					
Candidate Name		Category/ Type		24.38					
Office Sought: House Disburser Senate	Primary General								
President	Other (specify) ▼								
State: District:									
Full Name (Last, First, Middle Initial)			Date of Disbursemen	nt					
B. American Express				/ Y Y Y Y					
Mailing Address PO Box 53852			02 07	2014					
City S Phoenix	State Zip Code AZ 85072-3852		Transaction ID : D	153657					
Purpose of Disbursement Bank card processing fee			Amount of Each Dis	bursement this Period					
Candidate Name		Category/ Type		11.86					
Office Sought: House Disburser	ment For:	1,700	,	,					
Senate	Primary General								
President State: District:	Other (specify) ▼								
Full Name (Last, First, Middle Initial)									
C. American Express			Date of Disbursemen	nt					
Mailing Address PO Box 53852			02 / 11	2014					
City	State Zip Code		Transaction ID - D	454050					
Phoenix	AZ 85072-3852		Transaction ID : D	134230					
Purpose of Disbursement Bank card processing fee									
Candidate Name		Category/ Type	Amount of Each Dis	bursement this Period 16.25					
Office Sought: House Disburser	ment For:	туре	7	7					
Senate	Primary General								
President	Other (specify) ▼								
State: District:	,								
SUBTOTAL of Disbursements This Page (optional)				52.49					
TOTAL This Period (last page this line number only)				7					

S	CHEDULE B (FEC Form 3X)			FOR	LINE N	IUMBER:		PAG	E 32	OF 42		
IT	EMIZED DISBURSEMENTS		rate schedule(s) category of the	(check	k only	one)						
			Summary Page		21b	22	23	24	25	26		
_					27	28a	28b	28c	29	30b		
Ar or	ny information copied from such Reports and Statem for commercial purposes, other than using the nam	nents may n ne and addr	not be sold or us ess of any polition	ed by any cal commit	persor	n for the solicit cor	purpose on tributions	of soliciting from such	contribu	itions tee.		
	NAME OF COMMITTEE (In Full)											
	American Academy of Family Phys	icians P	olitical Action	on Com	mitte	ee						
_	Full Name (Last, First, Middle Initial)					Date of Disbursement						
Α.	American Express											
	Mailing Address PO Box 53852					02	1	2	2014			
	•	State	Zip Code			Trans	action ID	: D154251				
	Phoenix Purpose of Disbursement	AZ	85072-3852			mans	uotioii ib	. 5104201				
	Bank card processing fee					Amount	of Each	Disbursem	ent this	Period		
	Candidate Name			Categor Type	ry/		-,	7	1	6.25		
	Office Sought: House Disbursem											
		Primary Other (spec	General									
	State: District:	Onler (Spec	/iiy) <b>▼</b>									
_	Full Name (Last, First, Middle Initial)											
В.	American Express					Date of	Disburse					
	Mailing Address PO Box 53852					02	/ D	3	2014	Y		
		State	Zip Code			Trans	action ID	: D154252				
	Phoenix Purpose of Disbursement	AZ	85072-3852									
	Bank card processing fee					Amount	of Each	Disbursem	ent this	Period		
	Candidate Name			Categor Type	ry/		,	,		2.98		
	Office Sought: House Disbursem	nent For:										
		Primary	General									
	President State: District:	Other (spec	cify) 🔻									
_	Full Name (Last, First, Middle Initial)					Date of	Disburse	ment				
Ο.	American Express					M M	/ D		YY	V		
	Mailing Address PO Box 53852					02		4	2014			
		State	Zip Code			Trans	action ID	: D154253				
	Purpose of Disbursement	AZ	85072-3852		╗							
	Bank card processing fee  Candidate Name			Categor Type	ry/	Amount	of Each	Disbursem		Period 7.00		
	Office Sought: House Disbursem	nent For:		Type	-		,	7				
		Primary	General									
		Other (spec										
_	State: District:											
H	SUBTOTAL of Disbursements This Page (optional)					Ë	-		136	5.23		

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S	CHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 33 OF 42								42			
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the	\ I	(chec	k only	one)	_	_	_				
-	<del> </del>		Summary Page		X	21b	22		23		24	25		26
_						27	28a		28b		28c			30b
	ny information copied from such Reports and Statem for commercial purposes, other than using the name													3
$\setminus$	NAME OF COMMITTEE (In Full)													
	American Academy of Family Phys	icians P	Political Acti	on (	Com	mitt	ee							
_	Full Name (Last, First, Middle Initial)													
Α.	American Express						Date	of Di	sburse			Y	Υ	
	Mailing Address PO Box 53852						02 18 2014							
		State	Zip Code				Trai	nsact	ion ID	: D	154254			
	Phoenix Purpose of Disbursement	AZ	85072-3852											
	Bank card processing fee						Amou	nt of	Each	Dis	burseme	nt this	Perio	od
	Candidate Name				ategor Type	ry/			,		-,		3.25	
	Office Sought: House Disbursen		0											
		Primary Other (spec	General											
	State: District:	Other (spec	ony) 🔻											
_	Full Name (Last, First, Middle Initial)													
В.	American Express						Date	of Di	sburse					
	Mailing Address PO Box 53852						02	M /		24	/ Y	2014	Y	
	City S	State AZ	Zip Code 85072-3852				Tra	nsact	tion ID	: D	154255			
	Purpose of Disbursement Bank card processing fee		00072 0002		-	$\exists$	Amou	nt of	Fach	Dis	hurseme	ent this	Perio	nd
	Candidate Name				otogor	21/	7 11100		Lucii	D.0.			. 0110	
					ategor Type	y/			,		,	5	7.85	
	Office Sought: House Disbursen	nent For:												
		Primary	General											
	President State: District:	Other (spec	city) 🔻									25 26 30 g contributions th committee.  27 29 30 g contributions th committee.  2014  4 ment this Period 3.25  5 ment this Period 57.85		
_	Full Name (Last, First, Middle Initial)						Doto	of Di	sburse	mai	ot.			
C.	American Express						-							
	Mailing Address PO Box 53852						02	_	2	7	/ Y		Y	
		State	Zip Code				Trai	nsact	tion ID	: D	154256			
	Phoenix Purpose of Disbursement	AZ	85072-3852			_								
	Bank card processing fee						Amou	nt of	Each	Dis	burseme	ent this	Perio	od
	Candidate Name				ategor Type	ry/			-		-		1.37	
	Office Sought: House Disbursen	nent For:			-				7		7			
	Senate	Primary	General											
		Other (spec	cify) 🔻											
	State: District:													
5	SUBTOTAL of Disbursements This Page (optional)					<u> </u>		_	,		,	62	2.47	
1	OTAL This Period (last page this line number only)					•		_	,		,		Ĺ	

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SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 34 OF 42						
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check or	ly one)					
	Detailed Summary Page	X 21k		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$				
[			28a					
Any information copied from such Reports and State or for commercial purposes, other than using the nar								
NAME OF COMMITTEE (In Full)								
American Academy of Family Phys	sicians Political Acti	on Commi	ttee					
Full Name (Last, First, Middle Initial)								
A. American Express			Date of D	Disbursement				
Mailing Address PO Box 53852			02	28 2014				
,	State Zip Code		Transac	ction ID : D154257				
Phoenix	AZ 85072-3852		_ Transax	0.011.15 . 5104201				
Purpose of Disbursement Bank card processing fee			Amount o	of Each Disbursement this Period				
Candidate Name		Category/ Type		28.28				
Office Sought: House Disburse	ment For:							
Senate	Primary General							
State: District:	Other (specify) ▼							
Full Name (Last, First, Middle Initial)								
B. Bank Of America Merchant Service		Date of D	Disbursement					
Mailing Address WA2-505-01-40 PO Box 2485			02	03 2014				
City Spokane	State Zip Code WA 99210-2485		Transac	ction ID : D153658				
Purpose of Disbursement Bank card processing fee			Amount o	of Each Disbursement this Period				
Candidate Name		Category/ Type		645.10				
Office Sought: House Disburse	ment For:	.,,,,,	1	,				
Senate	Primary General							
President State: District:	Other (specify) ▼							
Full Name (Last, First, Middle Initial)								
C.			Date of D	Disbursement				
Mailing Address			M M	/ D D / Y Y Y Y				
City	State Zip Code							
Purpose of Disbursement								
Candidate Name		Category/ Type	Amount o	of Each Disbursement this Period				
Office Sought: House Disburse	ment For:	**	1	,				
Senate	Primary General							
President	Other (specify) ▼							
State: District:								
SUBTOTAL of Disbursements This Page (optional)		·····		673.38				
TOTAL This Period (last page this line number only	)	·····•		924.57				

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 35 OF 42
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)
	Detailed Summary Page	21b	22 X 23 24 25 26 28a 28b 28c 29 30b
		27	
Any information copied from such Reports and Stat or for commercial purposes, other than using the n			
NAME OF COMMITTEE (In Full)			
American Academy of Family Phy	sicians Political Action	on Committ	ee
Full Name (Last, First, Middle Initial)			
A. AmeriPAC: The Fund for a Great	er America		Date of Disbursement
Mailing Address 499 S. CAPITOL ST. S.W. #414	7:01		02 28 2014
City WASHINGTON	State Zip Code DC 20003		Transaction ID : D154004
Purpose of Disbursement Campaign contribution			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	2500.00
Office Sought: House Disburs Senate President	ement For:  Primary General  Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial)  B. Democratic Senatorial Campaign	Committee		Date of Disbursement
Mailing Address 120 Maryland Ave NE			02 28 2014
City Washington	State         Zip Code           DC         20002-5610		Transaction ID : D153809
Purpose of Disbursement Campaign contribution			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	15000.00
Office Sought: House Disburs Senate President State: District:	ement For:  Primary General  Other (specify) ▼		
Full Name (Last, First, Middle Initial)  C. EVERY REPUBLICAN IS CRUCI	AL (ERICPAC)		Date of Disbursement
Mailing Address 25 East Main Street, Suite 200			02 28 7 2014
City Richmond	State Zip Code VA 23219		Transaction ID : D153803
Purpose of Disbursement Campaign contribution			Amount of Each Disbursement this Period
Candidate Name Rep. Eric Cantor		Category/ Type	2500.00
Senate President	ement For:  Primary General  Other (specify) ▼		
State: VA District: 07			
SUBTOTAL of Disbursements This Page (optional)			20000.00
TOTAL This Period (last page this line number on	ıy)		

SCHEDULE B (FEC Form 3X)			FOR LINE I	NUMBER:		PAGE	36 C	)F 42
ITEMIZED DISBURSEMENTS		earate schedule(s) category of the	(check only	one)				
		Summary Page	21b 27	22 28a	X 23 28b	24 28c	25 29	30
Any information copied from such Reports and Statem	lents may	not be sold or us						
or for commercial purposes, other than using the name								
NAME OF COMMITTEE (In Full)								
American Academy of Family Physics	icians F	Political Action	on Committe	ee				
Full Name (Last, First, Middle Initial)								
A. ROUNDS FOR SENATE				Date of	f Disbursen	nent		
NOUNDO FOR SENATE				M M	/ Disburser		YY	Y
Mailing Address PO Box 250				02	28		2014	
,	State SD	Zip Code 57501-0250		Trans	action ID :	D153997		
Pierre Purpose of Disbursement	<del></del>	57501-0250		·				
Campaign contribution				Amount	t of Each [	Disburseme	nt this P	eriod
Candidate Name			Category/					-
Hon. Mike Rounds			Type				5000.	.00
	nent For:							
	Primary Other (spe	General						
State: SD District:	Other (spe	Jony) ▼						
Full Name (Last, First, Middle Initial)			<del></del>					
B. LEADERSHIP FOR TODAY AND T	romo⊧	ROW		Date of	f Disbursen	nent		
				M = M	/ D = [		YY	Υ
Mailing Address 625 3rd St NE				02	28		2014	
Apt 2	)tot-	7:- 0 :						
,	State DC	Zip Code 20002-4942		Trans	saction ID :	: D153995		
Purpose of Disbursement	-							
Campaign contribution	_			Amount	t of Each L	Disburseme	nt this P	eriod
Candidate Name		_	Category/				2500	.00
Office Secretary	1071 -		Туре				∠500	.00
Office Sought: House Disbursem		Goneral						
	Primary Other (spe	General ecify)						
State: District:	Jape	., ▼						
Full Name (Last, First, Middle Initial)			<del></del>					
C. ANDY HARRIS FOR CONGRESS				Date of	f Disbursen	nent		
				M I M	/ D I		Y	Υ
Mailing Address PO Box 1527				02	28		2014	
City S	State	Zip Code						
-	MD	21404		Trans	saction ID :	: D153996		
Purpose of Disbursement								
Campaign contribution				Amount	of Each L	Disburseme	nt this F	eriod
Candidate Name			Category/				1000.	.00
Rep. Andy Harris  Office Sought: House Disbursem	nent For:	2014	Туре				230	
	Primary	2014 General						
	Other (spe							
State: MD District: 01	, ı -	•						
				$\overline{}$				_
SUBTOTAL of Disbursements This Page (optional)			·····				8500.	.00
TOTAL This Period (last page this line number only).				1 .				

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SCHEDULE B	3 (FEC Form 3X)			FOR L	INE NU	MBER:		PAG	E 37	OF 42
ITEMIZED DIS	MIZED DISBURSEMENTS    Use separate schedule(s)   (check on for each category of the		only on	nly one)						
			Summary Page		21b	_	X 23	24	25	26
					27	28a	28b	28c	29	30b
	ied from such Reports and Stater urposes, other than using the nam									
NAME OF COM	MITTEE (In Full)				<u> </u>					
/	cademy of Family Phys	sicians F	Political Action	on Comr	mittee	)				
_	First, Middle Initial)					D-1	Distance			
A. GUTHRIE F	FOR CONGRESS				'		Disburse			
Mailing Address	PO Box 9639					02	28		2014	Y
City	:	State	Zip Code			_		D.150001		
<b>Bowling Green</b>		KY	42102			Transa	action ID	: D153801		
Purpose of Disbu Campaign contri					7	Amount	of Each	Disbursem	ent this	Period
Candidate Name				Category	·/	-			100	2.00
Rep. Brett C				Type				7	1000	3.00
Office Sought:		ment For: 2 Primary	2014 General							
	President	Other (spec	cify) 🔻							
State: KY	District: 02									
_	First, Middle Initial)									
B. CANTOR F	OR CONGRESS					Date of	Disburse		YY	Y
Mailing Address	P. O. Box 17813					02	2		2014	
City Richmond		State VA	Zip Code 23226			Trans	action ID	: D153802		
Purpose of Disbu Campaign contri					<b>T</b>	Amount	of Each	Disbursem	ent this	Period
Candidate Name				Category	,,	-				
Rep. Eric C	antor			Type	'			7	250	0.00
Office Sought:		ment For:	2014							
		Primary	General							
State: VA	President District: 07	Other (spec	cify) 🔻							
	First, Middle Initial)					Data of	Disburse	mont		
c. UPTON FO	R ALL OF US				'					
Mailing Address	104 Hume Ave					02	28		2014	Y
City		State	Zip Code			<b>T</b>	ID	D450007		
Alexandria		VA	22301-1015			ırans	action ID	: D153807		
	Purpose of Disbursement Campaign contribution				Amount of Each Disbursemen					<b>.</b>
	Candidate Name					Amount	ent this	Period		
Rep. Fred l				Category. Type	''				2500	0.00
Office Sought:	•	ment For: 2	 2014	.,,,,			-	7		
-	Senate	Primary	General							
	President	Other (spec	cify) 🔻							
State: MI	District: 06									
SUBTOTAL of Disk	oursements This Page (optional)				, Ī				6000	0.00
	,				_			,		
TOTAL This Period	I (last page this line number only)	)			•			7		

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 38 OF 42
ITEMIZED DISBUDGEMENTS Use separate		(check only	one)
	for each category of the Detailed Summary Page	21b	22 🗙 23 24 25 26
Г		27	28a 28b 28c 29 30b
Any information copied from such Reports and State or for commercial purposes, other than using the na	ments may not be sold or us me and address of any politic	ed by any perso cal committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	and dadress or any point		
American Academy of Family Phy	sicians Political Actio	on Committ	
/ American Academy of Family Fing	oloiario i oliticai 7 totic		
Full Name (Last, First, Middle Initial)			2
A. BRADY FOR CONGRESS			Date of Disbursement
Mailing Address P.O. BOX 8277			02 28 2014
g			42 25
City	State Zip Code		Transaction ID : D153805
THE WOODLANDS	TX 77387		Transaction is . 5 toods
Purpose of Disbursement Campaign contribution			Amount of Each Disbursement this Period
Candidate Name		Catagory	The second secon
Rep. Kevin Brady		Category/ Type	500.00
Office Sought: House Disburse	ment For: 2014		
Senate	Primary General		
State: TX District: 08	Other (specify) ▼		
State: TX District: 08  Full Name (Last, First, Middle Initial)			
B. BRADY FOR CONGRESS			Date of Disbursement
- BRADITOR CONGRESS			M = M / D = D / Y = Y = Y
Mailing Address P.O. BOX 8277			02 17 2014
City THE WOODLANDS	State Zip Code TX 77387		Transaction ID : D153806
Purpose of Disbursement	17 77307		
Campaign contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	2500.00
Rep. Kevin Brady		Туре	2300.00
Office Sought: House Disburse Senate	ment For: 2014		
President	Primary ☐ General Other (specify) ▼		
State: TX District: 08	Culor (opcony)		
Full Name (Last, First, Middle Initial)			
C. KEVIN MCCARTHY FOR CONGR	RESS		Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address PO Box 12667			02 28 2014
City	State Zip Code		
Bakersfield	CA 93389		Transaction ID: D153800
Purpose of Disbursement Campaign contribution			
Candidate Name		Amount of Each Disbursement this Period	
Rep. Kevin McCarthy		Category/ Type	2500.00
•	ement For: 2014	Туре	7
Senate	Primary General		
President	Other (specify) ▼		
State: CA District: 22	-		
			5500.00
SUBTOTAL of Disbursements This Page (optional)		·····	5500.00
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NAME OF COMMITTEE (In Full)										
American Academy of Family Phy	sicians Political Act	tion Committ	tee							
Full Name (Last, First, Middle Initial)		1								
A. MICHAEL BURGESS FOR CONG	GRESS		Date of Disbursement							
Mailing Address PO Box 2334			02 28 2014							
City	State Zip Code		Transaction ID : D153804							
Denton	TX 76202		Transaction iD . D133004							
Purpose of Disbursement Campaign contribution			Amount of Each Disbursement this Period							
Candidate Name		Category/	5000.00							
Rep. Michael C. Burgess  Office Sought:  House Disburs	oment For: 2044	Туре	0000.00							
Senate President	ement For: 2014  Primary									
State: TX District: 26										
Full Name (Last, First, Middle Initial)										
B. SIMPSON FOR CONGRESS			Date of Disbursement							
Mailing Address 1487 PARKWAY DRIVE			02 28 2014							
City BLACKFOOT	State Zip Code ID 83221		Transaction ID : D154002							
Purpose of Disbursement Campaign contribution	- 55221		Amount of Each Disbursement this Period							
Candidate Name		Cataliani	Amount of Each Dispulsement this Fellou							
Rep. Mike Simpson		Category/ Type	2500.00							
Office Sought: House Disburs	ement For: 2014  Primary General  Other (specify)									
State: ID District: 02										
Full Name (Last, First, Middle Initial)  C. RYAN FOR CONGRESS			Date of Disbursement							
Mailing Address P. O. Box 1919			02 28 2014							
City	State Zip Code		Transaction ID - D454002							
Janesville	WI 53547		Transaction ID : D154003							
Purpose of Disbursement Campaign contribution		· · · ·	Amount of Each Disbursement this Period							
Candidate Name		Category/								
Rep. Paul D. Ryan		Type	2500.00							
Senate President	ement For: 2014 Primary General Other (specify) ▼									
State: WI District: 01										
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TOTAL This Period (last page this line number on	lv)									
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]/	American Academy of Family Phys	icians Poli	tical Actio	n Co	omn	nitte	e							
<u></u>	Full Name (Last, First, Middle Initial)													
Α.	LEVIN FOR CONGRESS						Date of	f Disl	bursei	ment				
	LEVIN TON GONGREGO						M M	/	D	D /	Y	/ I Y	Υ	
	Mailing Address PO Box 37						02		28	3	_ 2	014		
	City	State Zi	o Codo			_								
	Roseville		p Code 3066				Trans	sactio	on ID	D153	799			
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	Rep. Sander M. Levin			Ту	ре		_					2300	J.00	_
		nent For: 2014												
	Senate Yeresident	Primary Other (specify)	General											
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_	Full Name (Last, First, Middle Initial)													
В.	PAT ROBERTS FOR US SENAT	E INC					Date of	f Disl	bursei	ment				
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	Mailing Address PO BOX 433						02		28	3	_ 2	2014		
	City	State Zi	o Code											
	GREAT BEND		7530				Trans	sactio	on ID	: D153	998			
	Purpose of Disbursement			_	-	-								
	Campaign contribution			١.			Amoun	t of E	Each	Disburs	emen	t this	Perio	d
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	Sen. Pat Roberts			Ty	ре	_						000	3.00	
		nent For: 2014	I ✓ General											
		Other (specify)	_											
	State: KS District: 00	(-  ),	•											
	Full Name (Last, First, Middle Initial)													
C.	PEOPLE FOR PATTY MURRAY						Date of	f Disl	bursei	ment				
	-					_	M M	/	D			Y	Υ	
	Mailing Address PO BOX 3662						02		28	3	_ 2	014	_	
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			3124				Trans	sactio	on ID	: D153	808			
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	Campaign contribution  Candidate Name							Amount of Each Disbursement this Period					d	
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	•	nent For: 2016	<u> </u>	Ту	pe	$\dashv$							_	-
		Primary	General											
	President	Other (specify)	<b>\</b>											
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NAME OF COMMITTEE (In Full)							
American Academy of Family Phys	sicians Political Action	on Committ	ee				
Full Name (Last, First, Middle Initial)			Date of Disbursement				
A. WYDEN FOR SENATE	WYDEN FOR SENATE						
Mailing Address 232 NE 9TH AVENUE			02 28 2014				
City	State Zip Code		Transaction ID - D454004				
PORTLAND	OR 97232		Transaction ID : D154001				
Purpose of Disbursement Campaign contribution			Amount of Each Disbursement this Period				
Candidate Name		Category/	2500.00				
Sen. Ron Wyden		Туре	2300.00				
X Senate	ment For: 2016 Primary General						
President	Other (specify) ▼						
State: OR District: 00							
Full Name (Last, First, Middle Initial)  B. COLLINS FOR SENATOR			Date of Disbursement				
5. COLLINS FOR SENATOR			M M / D D / Y Y Y Y				
Mailing Address PO BOX 1096		02 17 2014					
City BANGOR	State Zip Code ME 04402		Transaction ID : D153999				
Purpose of Disbursement Campaign contribution			Amount of Each Disbursement this Period				
Candidate Name		Category/	2500.00				
Sen. Susan Collins		Туре	2500.00				
	ment For: 2014						
Senate President	Primary						
State: ME District: 00	Other (specify)						
Full Name (Last, First, Middle Initial)  C. COLLINS FOR SENATOR			Date of Disbursement				
o. COLLING FOR SENATOR			M M / D D / Y Y Y Y				
Mailing Address PO BOX 1096			02 28 2014				
City	State Zip Code		Transaction ID : D154000				
BANGOR Purpose of Disbursement	ME 04402						
Campaign contribution		Amount of Each Disbursement this Period					
Candidate Name	Catagory	Amount of Each dispursement this Period					
Sen. Susan Collins	Category/ Type	2500.00					
Office Sought: House Disburse	ment For: 2014		, , , , , , , , , , , , , , , , , , , ,				
Senate X	Primary General						
President	Other (specify) ▼						
State: ME District: 00							
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (In Full)  American Academy of Family Physicians Political Action Committee  Full Name (Last, First, Middle Initial)  A. Dr. Lars E Gleditsch  Mailing Address  City State Zip Code  Transaction ID: D158969  Amount of Each Disbursement this Perio  Cardidate Name  Office Sought: House President State: District:  Full Name (Last, First, Middle Initial)  American Academy of Family Physicians Political Action Committee  Transaction ID: D158969  Amount of Each Disbursement this Perio  Category/ Type  Office Sought: House President State: District:  Full Name (Last, First, Middle Initial)  Date of Disbursement this Perio  Category/ Type  Office Sought: House President Other (specify) ▼  Date of Disbursement this Perio  Category/ Type  Office Sought: House President Other (specify) ▼  Amount of Each Disbursement this Perio  Category/ Type  Office Sought: House President Other (specify) ▼  Amount of Each Disbursement this Perio  Category/ Type  Date of Disbursement this Perio  Category/ Type  Amount of Each Disbursement this Perio  Category/ Type	EINITED DISDOUSEINEN 19		1 · — ·						
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